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Communications.

ANEURISM OF THE ARTERIA INNOMINATA, AT ITS JUNCTION WITH THE AORTA.

By Samuel Page, M.D.,

Of Jackson, California.

I send you herewith a likeness of a Chilano, age 38, who has a pulsating tumor on the right side of the sternum, (as seen in the photograph,) size five inches in length, from the sternum toward the right shoulder; width four inches, extending from the clavicle down to the third rib. Projection about two inches beyond the level of the chest.

About eight months since, a small oblong tumor made its appearance at the first or second right intercostal space, the patient says he does not exactly know; it came on while mining, and remained about that size for five months; he still mining more or less. When he worked he experienced great pain in the posterior part of the chest, and through the right arm, and frequently through the membranes of the fingers, more particularly since it has enlarged, which occurred after a debauch; since which time he has not been able to mine, on account of pain, cough, and numbness in the right hand. He has had a little cough since first he saw a sign of a tumor; it has not given him any inconvenience until of late, after the enlargement. As he could not get along in mining, he applied to one of his countrymen, who was termed a *Natural Bone Setter*, to cure the tumor. This man made some caustic application, which produced a denuded surface. As the patient got worse, and the tumor did not diminish, he sought for relief elsewhere, and came to my office. I found a raw and inflamed surface over nearly the whole surface of the tumor. Pulse 100; a severe cough at intervals; and he said he suffered a great deal of pain in the chest, and in the scapular region.

I also found that I could push the tumor down to near the level of the chest. Pressing firmly on the right subclavian or common carotid, the tumor diminished in size. Also found pulsation in the posterior clavicular space, with right clavicle raised about one inch; also pulsation deep in posterior superior sternal space.

The right radial impulse much less than the left. He was placed under the influence of tr. veratrum vir. and fluid extract of digitalis.

℞. Tr. ver. vir., (Norwood's),
Fl. ext. digitalis, āā f.℥ss. M.

Dose, 15 to 20 drops every four hours, till his pulse was kept at about 50 beats per minute.

The next day, July 8th, 1867, he called, saying he felt very much better. Pulse about 60 beats per minute. I made applications to the surface of the tumor which caused it to heal. He has visited me every two days. At his last visit, on yesterday, he expressed himself well in every respect, except the tumor was still present, and he said he thought it was smaller. I could not see it so. He asked me when he would be able to work. I told him I did not know, but it would be a long time. Care enjoined as to diet and exercise.

Is there any means of producing permanent

coagulation in this tumor, to save this patient from his inevitable doom in some unlooked for moment? Have you known of as large an aneurismal tumor, at this site, without yielding?

[In all probability this tumor will break and destroy the patient, unless speedily treated. No means of producing permanent coagulation in an aneurism of this size and position can be recommended. The proper course would be to expose the main arterial trunk, leading *from* the tumor (*i. e.* on its distal side) and either ligate it, or obliterate it by simple or compound acupressure. —Eds.]

ON THE MEDICINAL PROPERTIES OF THE GETTYSBURG MINERAL SPRING.

By John Bell, M. D.,

Author of a Treatise on Baths, and of an Account of the Mineral and Thermal Springs of the United States and Canada.

The early history of the mineral spring of Gettysburg is similar to that of all other mineral waters. Their accidental use was followed by effects resembling those produced by medicinal substances, and subsequently, on farther trial, by the unexpected cure of an old and obstinate disease, which had proved intractable to ordinary remedies. As time wore on, the chance and empirical knowledge of the few was gradually extended, until the reputation of the healing powers of the spring became known to the inhabitants around, and the attention of the physician was called to a new agent in the materia medica. Science was afterwards invoked to ascertain the physical properties and chemical composition of the water, and thus to assign, in a measure, the cause of its medicinal operation and curative effects.

The Gettysburg mineral spring flows out in a meadow which was part of the great battle field of July, 1863. The water is remarkable for its purity, being clear, and without taste or smell. Its temperature is the same as that of the common springs in the neighborhood. It will keep unchanged for a long period, months and even years after being drawn from the spring, if collected in suitable vessels of glass or china, made air tight by their being properly corked. Sometimes, owing to this water being highly carbonated by the different salts soon to be mentioned, the carbonic acid, either from agitation or from elevated temperature, finds vent with a loud noise when the cork is drawn, and, occasionally, in a more disturbing fashion, by fracture of the glass, when too thin, and bursting the vessel. The keeping property of the water is a rare advantage, as it allows of the invalid at a distance procuring it in such a quantity as will last for a long time, and of his suspending its use, and again having recourse to it in its original purity. Still, it is advisable to place the vessel containing the water in a cellar or vault, the temperature of which is cool, and generally uniform.

The chemical constituents of the water of the Gettysburg spring have been ascertained by Professor Mayer, now of Bethlehem. His analysis shows the solid contents of the imperial gallon to be—

	Grains, Troy.
Bicarbonate of soda	46.05
——— lithia	
——— potash	trace.
——— magnesia	76.05
——— iron	trace.
——— lime	81.00
Sulphate of lime	53.20
Chlorides	trace.
Phosphates	trace.
Silica	10.00
	266.30

Observation has taught us that this, like so many other quantitative analyses of mineral springs, particularly of the alum or acid class, must be received as approximative, and that the amount of mineral impregnation of water will vary according to the character of the season, in its being dry or rainy. But variable as the quantity of the constituents may be, the essential qualities of the water are unchanged, and no therapeutical element is lost during temporary dilution caused by the percolation of rain water.

While we are thankful for the aid afforded by chemistry, we must not, however, overrate its true value. It is a matter of familiar remark among most writers on the subject, that chemical analyses of mineral springs furnish hints rather than guidance; they suggest trials, but they cannot indicate positively the circumstances under which their employment will be beneficial for the removal of disease. From the predominance of certain substances, as for example, of those of the class of salines, or from the presence of iron, we infer that the waters are endowed with therapeutical activity; but experimental observations alone will enable us to determine the real nature of their effects, modified as these are by the combination of the chief ingredient with others in smaller quantities and of inferior strength. A few grains, more or less, of a mineralising salt will not help us to an explanation of the salutary and precise operation of the water. This last depends on the manner

in which the saline substances are combined together, and which chemistry can neither perfectly imitate nor explain. The language of an ancient French chemist was hardly too strong when he said: "Chemists can only analyse the dead body of these waters." The subterranean chemistry of nature is very different from that of our laboratories, and has secrets which our boasted science has, so far, imperfectly revealed. New elements are discovered by improved methods of analysis, and their detection accounts for some of the curative powers of the waters of certain mineral springs, of which previously no explanation could be offered. But these very discoveries induce a belief that still farther revelations will yet be made of other principles of even a more subtle nature. It is not many years since, that to what had been considered complete analyses of the waters of the best known mineral springs, we have been adding by means of improved processes and more delicate tests, iodine, bromine, arsenic, and in several of the German springs, lithia. So far, well known means of analysis only enable us to detect what can be weighed, counted, and measured. But, looking to the known activity and power of various imponderable agents,—heat, light, electricity, and magnetism,—and aware of the great influence which they exert over the human body, we can readily believe that mineral waters will be shown to be vehicles of modified electricity and magnetism, as they are now seen to be of heat. Some writers on the subject, and especially those of Germany, unable to solve the problem from existing data, believe that there is a peculiar vital principle in mineral waters, acting by itself as a healing power on the diseases of the organism. Speculations like this only show that there are certain mysteries in the composition and therapeutical virtues of mineral waters which are, as yet, unrevealed.

A notice of some of the most celebrated springs in other places, near and remote, will prove the correctness of the opinion of the little relation between the chemical constituents of a mineral spring and its power to cure disease. No one, it is believed, will contest the actively medicinal properties of the waters of Bedford Springs, and yet the entire solid contents of the chief one, (Anderson's,) are only 31 grains in the quart. The chief curative agent is carbonate of iron, in the proportion of 1¼ grains. The Green Brier White Sulphur Spring, Virginia, is very active and exciting, and displays remedial powers exceeding, it is thought, all others of its class, notwithstanding which, a pint of its waters contains only about sixteen grains of solid contents, and the proportion of its chie gaseous constituent, sulphuretted hydrogen, on which its medicinal virtues chiefly depend, is only from one and a half to three cubic inches in a gallon. Nearly all the European mineral springs, next to be noticed, are thermal,* and most of them of an elevated temperature, or above blood-heat. The chief use made of them is for bathing, but the internal administration of the water is not neglected, nor are the results unregistered. The paucity of their solid contents will surprise all those who have not previously directed their attention to the subject. A pint of the waters of the Gastein Hot Springs, in Bavaria, contains only two and two-third grains of solid matters, consisting chiefly of Glauber's salt and a trace of iron. These ingredients, dissolved in a pint of common water, would produce no sensible effect, whereas, the water from the spring, when drank, acts on the bowels, and still more on the kidneys, and increases the appetite. The waters of the hot springs of Teplitz, in Bohemia, yield but two or three grains of solid contents to the pint, and these consist almost entirely of carbonate of soda. They have aperient properties; but their chief reputation is for the removal of glandular and other swellings. The Pfeffers waters, in Switzerland, also of an elevated temperature, have neither taste, smell, nor color. They will keep for ten years, without depositing a sediment or losing their transparency. Many persons, after drinking them, are affected with vertigo, but a larger number experience a free evacuation from the bowels. The waters of Gastein, Teplitz, and Pfeffers, are so pure that they are used for drinking and culinary purposes. Those of Wildbad, in Wirtemberg, and of Baden-Baden and Schlagenbad, in the duchy of Nassau, are nearly on the same line of slight mineral impregnation, but yet they possess decided remedial powers. Of a similar character are the cold springs of Marienbad, in Bohemia, the waters of the two most prized of which contain, respectively, but six grains and nine grains of solid matter, including a fraction of a grain of iron, in a pint. The water of the first (the Carolinenbrunnen) is used by the inhabitants as a common drink. To this may be added the hot spring of Plombieres and Neris in France, the waters of each of which holds but an insignificant amount of saline substances in solution. The first of these is clear, and without taste or

* By the term "thermal," should be understood a temperature exceeding that of the common springs of the district. It is the general term for tepid, warm, and hot springs.

smell, and when cold, it is drank at meals. Notwithstanding this apparent absence of ordinary remedial agents, the water is used with marked success in a long list of chronic diseases, including those of the stomach, bowels, liver, and bladder, and also in rheumatism, neuralgia, and paralysis, and certain affections of the skin. In very many cases, there can be doubt that the efficacious action of the Plombieres waters, when they are taken internally, is greatly increased by the use of the bath at the same time; but knowing the skill with which their use is directed, from year to year, and the careful observations made of their effects, we must admit a large margin for the credit of the ordinary mode of administration, or that of drinking these waters. The list of springs, from the waters of which chemistry promises so little, while experience of their use has proved so much, might, if necessary, be still further extended. At the moment, we would cite the cold chalybeate springs of Forges, in the department of the Lower Seine, France. The reputation of these waters, as being eminently chalybeate, is great in the French medical world, but a careful analysis, made some years ago by an eminent chemist, revealed the presence of but five-sixths of a grain of carbonate of iron in a quart of the water. This spring enjoys historic fame, from the circumstance of Ann of Austria, wife of Louis XIII., of France, who had been eighteen years childless, becoming a mother, after having made use of its waters for a season. Several of the once fashionable springs of England present the same contrasts.

The Gettysburg spring has, we have seen, large numbers of European springs to bear it company. It will be our business now, to show that it is their equal in healing powers. Our main argument must rest on the facts which experience has furnished. It will derive collateral support from analogy, by our pointing out the curative virtues of other springs of the same class. While we refuse to take chemistry as our guide in ascertaining the remedial value of mineral springs, we may, notwithstanding, give it credit for available hints and suggestions for the successful employment of their waters. We learn from chemical analysis, the affinity in composition of certain waters, and are thus enabled to classify them on a chemical basis, into saline, alkaline or carbonated, sulphureous, chalybeate, and acid or alum. Now, when experience has made us acquainted with the real value of a particular water in the cure of certain diseases, we are justified, from analogy, in hoping for the like good effects of another water of the same class, containing similar, although not identical, constituents in solid and gaseous matters.

The water of the Gettysburg spring belongs to the alkaline or carbonated class. The bicarbonates of soda and lithia, and the kindred bicarbonates of magnesia and of lime, would suggest its adaptation to a long list of disorders of the stomach and bowels, and also of the kidneys and bladder. If we look at accounts of celebrated springs in Europe, of the alkaline class—Ems, Teplitz, Vichy, and Mont d'Or—we shall have this suggestion strengthened, and learn that, in addition to the disorders of the digestive mucous surfaces, are those of the pulmonary, such as chronic catarrh and bronchitis, and humid asthma, which are relieved or cured by the waters of this class. Home experience has anticipated the conclusions drawn from chemistry, and by analogy, from the effects of the waters of other springs. It tells us that the Gettysburg water has produced signally curative and restorative effects in different forms of dyspepsia—sickness of stomach, heartburn, water brash, acute neuralgic pains, and loss of appetite—and also in chronic diarrhœa and torpid state of the liver. Gout, chronic rheumatism, and resulting nodosities of the joints, have been overcome to a remarkable extent, by the drinking of this water. Approaching and actual paralysis have been carried off by the same means. In one case, diabetes, that often unmanageable disease, was arrested in its progress. There are now before the writer, printed attestations of citizens of Gettysburg to the curative effects of the water in their several diseases. Although these statements are not given with clinical precision and in detail, they are sufficiently clear and decided to incline invalids who are suffering in the same way, to have recourse to the same remedy. The intelligence and social position of the parties must inspire us with confidence in the accuracy of their representations.

One gentleman, an ex-member of Congress, describes himself "to have been, for twenty years, the victim of a complication of afflictions, consisting of sore throat, dyspepsia, liver complaint and rheumatic pains in the breast, sides and limbs." As if these maladies were not sufficiently disabling, he suffered in addition, at stated intervals, from "palpitation of the heart, and temporray total paralysis of both arms on the least unusual physical exercise; night attacks of vomiting with excruciating pains of the stomach etc., etc." This gentleman's case would, some years

ago, when the disease was more common and more carefully observed than it is at present, have been regarded as one of wandering gout. Be this as it may, he rapidly improved in health and spirits until at the time of writing (June 1866) he felt better than he had been for twenty years. The effects produced in this case were gradual and insensible, so that, to use the language of the narrator, "I only knew from the great improvement effected on my health and spirits that I had been taking medcinal waters at all." We shall take occasion to touch again on this point.

A lady, living in Gettysburg, had been a sufferer for some time from chronic rheumatism in her left shoulder, arm and hand; her shoulder joint and the joints of the fingers were distorted. She was entirely unable to use her hand. Dr. Huber of Gettysburg who thus describes the case, advised the patient to use the water of the spring. We give the results in her own words. "Soon after I commenced, I rapidly recovered the use of my arm, and of my hand; the enlargements in lumps on the shoulder-joint and finger joints disappeared, my fingers and hand resumed their natural shape, only one small lump remaining in the centre of the hand, but which did not give me any trouble. My strength also rapidly improved." The president of the Pennsylvania College at Gettysburg, states that the janitor of the college who had suffered much from rheumatism in his back and limbs, was greatly relieved by the water. In the case of a gentleman of Gettysburg who had been afflicted with great and increasing debility of the lower limbs, the use of the water operated "like a charm." He improved rapidly in a few weeks, and after a somewhat longer period, he was able to walk as well as his neighbors.

Another and a most complicated case of a citizen of Gettysburg is described by one of his attending physicians, Dr. S. E. Hall, formerly of that town, as follows: "The diseases of Mr. D., for which I prescribed some years ago, were chronic rheumatism or rheumatic gout, complicated with diabetes and hard lumps around some of his joints. Ordinary remedies gave him relief for a time, but he still remained crippled, stiffened and helpless in his limbs. His recovery is, no doubt, attributable to the use of the Gettysburg Mineral Water." Mr. D.'s own account of his case presents some features both of a pathological and therapeutical interest to the medical inquirer. He had suffered, he tells us, more or less from rheumatism for thirty years past, and during more than a third of that time from diabetes in its most aggravated form. During ten years past, "hard lumps" have formed above and around his knee joints "as hard as a stone," so that he had to be careful, in sitting down, not to bend the knee-joint too suddenly, lest they would be forced through the skin. On one limb, they were nearly as large as a hen's egg, on the other, smaller. "The diabetes was so severe for many years, that" he "did not get an hour's sleep at any one time, and it was only kept under by rigid dieting." On the point of giving up in despair any further attempts to obtain relief, after having tried all kinds of medication in vain, he at last bethought himself of the Gettysburg water. He began with drinking three gills a day, between meals, and gradually increased the quantity. For six or eight days it produced on him an "effect not unlike intoxication, except that it lacked the stimulus. It also aggravated the diabetes to an alarming extent;" but after this he speedily improved in all respects, and dispensed with his cane and crutch. The diabetes was arrested. The lumps or nodes on one of his legs disappeared, and of that on the other but little remains. "All this was the effect of this water, during only six weeks," drank to the extent of ten gallons.

This case of Mr. D. is truly extraordinary. The nodes or hard tumors on the joints were of very unusual size. As regards their hardness and composition, we are forced to believe that their main bulk consisted of inorganic matter,—chalk, (carbonate of lime), true chalk stone, or urate of soda, commonly but eroneously called by the same name. Both of these deposits are met with on the joints in rheumatism, as well as (though not so frequently) in gout. Were we to suppose these swellings to be ligamentous or cartilaginous, with bony matter deposited, our surprise at their disappearance would be none the less. Recourse to all known therapeutical agents and modes of treatment, are ineffectual beyond, sometimes, a reduction of the size of the nodes of a gouty or rheumatic nature by absorption of a part of the outer and investing structure. But the entire removal of the inorganic body, without surgical intervention, has not we believe hitherto been brought about, by either internal remedies or external applications, or by both united. In the case now under notice, we cannot believe that the absorbents would be equal to the task of sucking up, as it were, the deposited inorganic matter, unless this deposit had been subjected to the solvent action of the blood brought to the part by the delicate capillaries. Whence comes this solvent property? Is it

from the lithia of the Gettysburg water which, after having been taken into the stomach found its way into the circulation? Soda is detected in very perceptible quantity in the blood of those persons who had drank largely of the waters of the springs (Vichy for example) highly charged with this alkali. It is easier to negative the question than to find a more plausible supposition in its place.

[To be concluded.]

Hospital Reports.

Jefferson Medical College, *September 14th*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Lithotomy, Performed Sept. 7th.

Mr. F., æt. 50. This patient, operated on for stone in the bladder a week ago, vide, p. 250, is doing well. He has had no untoward symptoms of any kind.

It is well known that Dr. Dudley, formerly Professor of Surgery in the Transylvania University, who performed the operation of lithotomy upwards of two hundred times, derived his patients chiefly from Kentucky, Alabama and Tennessee. Dr. Bush of Lexington, has stated to Prof. Gross that at this time calculous disease is exceedingly uncommon at Lexington, and in the three great States named, which used to give that town so many cases. This interesting fact cannot be explained by existing knowledge. As many as a dozen or fifteen patients in the year are cut for stone in the bladder in Philadelphia at the present time. The disease is comparatively rare in this city, the majority of cases being brought from a distance.

Anchylosis of Knee.

Allen ——, boy, from the interior of the State, first consulted Prof. Gross last June. His leg was then flexed at a right angle through contraction of the ham string muscles, and partial anchylosis. He was, at the time, put under the influence of chloroform, the ham string tendons divided, the limb extended and an apparatus applied, with the excellent result he now exhibits. He walks with comparatively little lameness.

The boy was placed under chloroform and forced flexion of the joint made. This should be repeated at the interval of five or six days; so soon as the joint has fairly recovered from the effects of this manipulation, passive motion being instituted in the mean time. He is now using hot and cold douches and frictions with a sorbefacient liniment.

A great deal can be done in these cases of anchylosis. The proper mode of treatment is to prevent any occurrence of this kind. This cannot always be done, frequently, because the patient does not co-operate with the physician.

Anchylosis of Shoulder.

Boy, æt. 16. This young man is suffering from an injury of his right shoulder, received by falling on the pavement two months ago. He cannot raise his arm. There is no dislocation, for, if there were, the acromion process would be unusually prominent, the deltoid muscle flattened, and the head of the bone could be detected in its abnormal position. The joint is anchylosed, evidently from inflammation in consequence of the injury adverted to.

In all injuries of joints, passive motion should be instituted at as early a period as is possible, after the active inflammation has subsided, otherwise the deposits will become organized, and in this way the foundation laid for bony union, after the thorough establishment of which, very little is to be done in the way of an ordinary operation.

The boy was placed under the influence of chloroform and forced extension made, when a great deal of creaking and roughness were detected. There may be partial absorption of the articular cartilages. The limb being passive under the effect of the chloroform, it could be elevated far beyond the point previously observed. The great pectoral muscle was very tense, interfering with this elevation. The arm was rotated upon its axis with the view of breaking up the adhesions. In three or four days, gentle passive motion should be instituted and renewed from time to time, once in the twenty-four hours, immediately after the application of the hot and cold douches. A gallon of water as warm as it can be borne should be poured on the shoulder from a height of twelve, fifteen or twenty inches in a gentle stream, followed by the same quantity of cold water applied in a similar manner. Then the surface should be wiped and rubbed with some sorbefacient liniment, as common soap liniment, with the addition of Granville's lotion.

Retention of Urine.

This man has retention of urine, it being necessary to introduce the catheter twice a day. He can only pass his water unaided once in a while. It dribbles away from him sometimes without his control. He has had this difficulty five or six years. He sprained himself lifting, some seven or eight years ago.

The sound was introduced into the bladder without any difficulty, showing there was no stricture. The bladder was found to be contracted and fasciculated, which is very remarkable, considering that there is no enlargement of the prostate, no stricture, and no obstruction of any character. There would seem to be paralysis. Motion in the lower extremities, he says, is becoming impaired.

The diagnosis of this case must be thoroughly established before proceeding to institute a method of treatment. The urine must be examined and the condition of the nervous system and the digestive apparatus looked into, before coming to any conclusion as to the nature of the cause, and as to what may be necessary to afford relief.

Clinic of Prof. Gross.—Mr. T. Spencer Wells, of London.

Diagnosis of Ovarian Tumors.

Prof. Gross, at the opening of the clinic, introduced to the class Mr. T. Spencer Wells, of London, the distinguished surgeon and ovariotomist, Dr. John L. Atlee, of Lancaster, Pennsylvania, Dr. Washington L. Atlee, of this city, and Dr. Nicoleysen, of Norway. He took occasion to pay a flattering tribute to English surgeons, physicians, and obstetricians, to whom medical science and art have been so largely indebted. From the time of Harvey, Sydenham, and Richardson Wiseman, to the present, England has produced many distinguished medical writers and practitioners, making it a matter of thankfulness with us that we read and speak the language in which they wrote.

The operation of ovariotomy, which Mr. Spencer Wells has performed upward of two hundred times, and with such marked success, is, however, Prof. Gross stated he was proud to say, of American origin. It was first performed by Dr. Ephraim McDowell, of Kentucky, in 1809. the patient surviving thirty-two years. He operated about thirteen times in all. The first double operation was executed by Dr. John L. Atlee, in 1843, the case terminating successfully. Dr. Washington L. Atlee has performed the operation of ovariotomy more frequently than any other American—upward of one hundred and sixty times—the last having been completed only an hour ago.

Dr. Gross, after indulging in some further comments, in which he paid a high compliment to the moral status of the British profession, stated that he had a case of abdominal tumor which he should bring before the class, in order to afford Mr. Wells an opportunity of making some remarks upon the diagnosis and treatment of ovarian diseases. The subject, he added, was now attracting general attention, and he had no doubt they would be deeply interested in what his eminent confrére would say. At the close of Mr. Wells' lecture, Dr. Gross said, "If I were writing my autobiography, I should entitle one of the chapters, 'An Hour with the Ovariotomists.'"

A colored woman was then brought into the amphitheatre, and Mr. Wells was told that she was a widow, forty-nine years of age, who had had two children before her husband's death, twelve years ago.

Mr. Wells then said:

"Gentlemen.—In examining a patient, I am always in the habit of seeing what I can without asking any questions; and the first thing I notice in this patient is her color. I have never seen a case of ovarian disease in a black woman, which is not surprising, as there are very few colored persons in England. I have operated on a creole lady from New Orleans, and on a mulatto from Jamaica. Dr. Atlee tells us that, while ovarian disease appears to be rare among colored people, fibroid tumors of the uterus are exceedingly common.

"The first question, then, to decide is, whether the tumor in this woman is ovarian, or a fibroid tumor of the uterus. And I lose here one aid which I should have in a white woman. In our race, a florid complexion is very common in patients suffering from fibroid tumor of the uterus, while a certain amount of pallor—or a chloro-anæmic aspect—is the ordinary accompaniment of ovarian disease. When a woman with a large abdomen comes into my consulting room, it is not uncommon for me to form a diagnosis in my own mind, from the color of her face. I cannot pretend to judge in any such way here, but this patient has a tolerably healthy look, she is not emaciated, and there is no swelling of the legs. Carrying on the examination, we assist the eye by measurement, and I usually take various measurements of the abdomen; one, circular, at the level of the umbilicus, one from the ensiform cartilage to the umbilicus, and one from the umbilicus to the symphysis pubis—thus observing whether the greatest increase of size is above or below the umbilicus—and then another, from the anterior superior spinous process of the ilium, on each side, to the umbilicus. If the distance from the right anterior superior spinous process of the ilium to the umbilicus, is greater than that from the left to the same point, it is probable that the right ovary is affected rather than the left, and vice versâ, although there are frequent exceptions to this rule.

"The abdomen should next be examined with reference to the presence of fluctuation. In this case, my impression is, that there is fluid in the abdominal cavity, surrounding a solid or semi-solid tumor. If it were within a cyst, it would be less distinctly perceptible than it is. You see it distinctly on the very slightest impulse.

"The outline of the tumor should then be ascertained. A hard distinct outline is in this instance readily perceived, extending from six or eight inches above the umbilicus, almost to the pubis. The tumor can be pushed about, and seen to move underneath the abdominal wall, and the hand can be introduced below it on each side. It does not make any traction on the umbilicus as it is moved, which is a pretty sure sign that there is no close attachment to the abdominal walls.

"On feeling the surface of the tumor, it is found to be hard and solid, with outgrowths or projections over it, like marbles or walnuts, some of them a little movable, with deep sulci between them. This inodulated irregular surface of a hard solid tumor is exceedingly common in fibroid enlargement of the uterus, but very uncommon in ovarian tumor. It is very unusual to find an ovarian cyst so large as this one is, without distinct fluctuation in some part of it. None can be made out in this instance; nothing but a hard, moveable solid tumor, surrounded with fluid, free in the peritoneal cavity. I have scarcely a doubt that this case is one of fibroid tumor of the uterus, and not one of ovarian disease. Auscultation is of value in settling this question. I have only once or twice heard a vascular murmur in an ovarian tumor, but in fibroid tumor of the uterus a vascular murmur is often perceptible; sometimes tubular, as if from large ves-

sels, sometimes more vesicular, as if from a great number of small vessels.

"The stethoscope, in this case, placed in the iliac region, does not detect any murmur, but an arterial impulse or beat is obtained, synchronous with the pulse, projected, as it were, from the aorta through the solid substance of the tumor. From the almost inaudible character of the murmur, one would say that the tumor is not very vascular, but rather an outgrowth, than an enlargement of the whole of the body of the uterus itself.

"All the information possible should be obtained from the abdominal wall, but an internal examination very much clears up any doubt as to the diagnosis in these cases. In this patient the vaginal examination quite bears out the diagnosis made through the abdomen, inasmuch as the uterus is drawn up out of reach. This often happens in enlargements of the uterus, while it is very rare in an ovarian tumor, that the cervix uteri cannot be felt, unless the ovarian tumor is detected low down in the pelvis. If the pelvis be empty, and the uterus out of reach of an ordinary examination, as in this case, that fact is almost of itself sufficient to remove any doubt as to the diagnosis. The sound introduced into the cavity of the uterus, to see if it be elongated, is often of service in determining the nature of the enlargement. Frequently, however, although the womb is elongated, the cavity is so twisted and bent, that the sound cannot be introduced up to the fundus, and mistakes are often made in this way. If the sound can be passed up eight, ten, or twelve inches, of course, it clears up the case completely; but as a rule, I do not place much reliance upon the opposite condition, when the sound will not penetrate far, because the uterus may be large, and its cavity small or distorted."

The patient having been taken away, Mr. Wells added:

"I have removed these large fibroid tumors of the uterus but with very ill success. In one instance, one which weighed twenty-six pounds, the patient lived four days, both ovaries were removed with it, and from this and other cases which I have published, I have been led to the opinion that unless there is some very serious danger to life from hæmorrhage, or pressure on some vital organ, these large fibroid tumors of the uterus are better left alone until there is some very urgent necessity for interference."

Mr. Wells then showed several instruments which he used in ovariotomy, and made remarks on different modes of dealing with the pedicle, he then said:

"As to the results which I have had in ovariotomy. I have operated in two hundred and twenty-eight (228) cases. In the first one hundred patients, sixty-six (66) recovered; thirty-four (34) died; in the second hundred, seventy-two (72) recovered, and twenty-eight (28) died; and in the twenty-eight cases of the third hundred, four died and twenty-four recovered. Out of the two hundred and twenty-eight cases one hundred and sixty-two (162) recovered and sixty-six (66) died, giving a mortality of 29 per cent. This is a mortality better than in many serious surgical operations, which no one can think of calling unjustifiable; better than in amputation at the hip-joint or of the thigh; than in the operation for strangulated hernia; than in ligature of the iliac artery, etc. All these surgical operations which are performed without hesitation, give results less favorable than have been obtained in ovariotomy, even when both favorable and unfavorable cases have been included. For this operation is often performed when there can be but little chance of recovery, in the last days of life, at the solicitation of the patient that she may not die without some effort having been made to save her. The results would be much more favorable if one could decline to operate on any but favorable cases. In a certain number of cases one begins the operation, but is unable to complete it. This occurred to me eighteen times. In seven cases I removed both ovaries, having found after removing one ovary that the other was diseased; four of these patients recovered and three died. Twice I have removed an enlarged ovary after the removal of the other, some time before. In one case another surgeon extirpated the left ovary some nine months before I did the right, which began to enlarge soon after the first operation. The patient died. In another case I operated upon a patient who remained perfectly well for a year, when the other ovary began to enlarge, and I removed it eighteen months after the first operation. This patient recovered, and remains well, as I said just now. In eight or nine per cent. of my operations I have begun the operation, and not been able to complete it, or have found that I had made an error in diagnosis. I do not think this is a much larger proportion of failures or mistakes than may be expected in other serious surgical operations. Mistakes will occur sometimes in spite of the greatest possible care. The surgeon performs lithotomy, and possibly finds there is no stone; or he may puncture some collection of fluid and find it is an aneurism. These errors are gradually being eliminated as one advances in the knowledge of disease. In ovariotomy we have not the literature or the traditions of centuries to guide us as in the better known operations, but Dr. Atlee following Dr. McDowell and other American surgeons, and we in England, have had to find our way along new untrodden paths. But with all these difficulties and disadvantages, I believe that in a few years, if we faithfully make known our errors and show others the way by which we learn to avoid them, the operation of ovariotomy will be performed hereafter, by many of you, gentlemen, with far greater success than it has been by us."

At the close of his lecture Mr. Wells exhibited some instruments,—a trocar and a clamp,—of his own invention, for the purpose of facilitating the operation of ovariotomy; but as an account of these has already appeared in print, it is not deemed necessary here to describe them.

—— M. Velpeau has bequeathed his surgical instruments in equal shares to two of his former pupils, Dr. Desprès and Dr. Guyon.

EDITORIAL DEPARTMENT.

Periscope.

New Form of Endoscope.

In the *British Medical Journal* of Aug. 17th, 1867, Dr. R. ARCHER WARWICK of Richmond, S. W. proposes a new form of endoscope of which the following is a representation.

He says:

My instrument consists of a brass tube of the simple endoscopic construction, about four inches and a half in length and one in diameter. A Ramsden eye-piece, consisting of two plano-convex lenses with a magnifying power of about two and a half times, and capable of adjustment for distinct vision, is fitted to one end of this tube,

and the eye-piece is so constructed as to admit of the insertion of a spectacle lens, to suit the eye of those who require the aid of glasses. An adapter in the form of a cone and blackened inside, is attached to the other end of the instrument, to receive the various silver tubes required for the examination of the organs and passages to be explored. Midway between the two extremities of the tube is an aperture nearly one inch in diameter, into which is fitted a metal cone, two and a half inches long, and three inches in diameter at its base. This cone is plated with silver on its inner surface, and highly polished. A large double convex lens of short focus is adapted to its base, so that light of an inferior quality or intensity may be condensed and rendered sufficient for the use of the instrument. The silver tubes for the urethra are similar to those used with Dr. CRUISE'S instrument; they are highly polished on the inside, and correspond in size to Nos. 8, 10, and 12, of the ordinary catheter-guage. The tube used for the bladder resembles a catheter with a short curve, and allows a portion of the bladder, to the extent of nearly half-an-inch in length, to be seen, through an aperture filled in with glass. The endoscope I have had constructed will show an object with a north light more distinctly than Dr. CRUISE'S does with an artificial light, and the object is seen from eight to ten times more distinctly with a similar artificial light; it is also available for the examination of other organs, as is the case with Dr. CRUISE'S. Referring to the advantages of the endoscope, he says:—"The utility of the endoscope is not, however, confined to the diagnosis and treatment of diseases of the urethra—far otherwise. There is no portion of the human body into which a straight tube can be introduced, in which it will not be found of service. With it the interior of the bladder may be thoroughly investigated; tumors, ulcerations, and sacculi recognized; calculi examined, and information gained as to their size, figure, number, position, whether encysted or loose, and so on. The rectum, beyond the reach of the finger and speculum, can be searched for ulcerations, constrictions, tumors, etc. The cavity of the uterus can be demonstrated; so also the auditory meatus, nasal fossæ, pharynx, larynx, and, I should even hope, œsophagus and stomach. Likewise wounds, especially those suspected to contain foreign bodies, abscesses, the cavity of ovarian cysts after tapping, and so on. I have been enabled by the endoscope to obtain so clear a view of the interior of the uterus that I am satisfied it will prove most useful for the diagnosis of small polypi, granular and follicular ulcerations, and other affections, which at present are subjects of conjecture rather than positive knowledge."

A New Process for Preparing Anatomical Specimens.

Dr. BRUNETTI, of Padua, who received a gold medal at the Paris Exposition, has generously communicated to the international Medical Congress the following particulars of his valuable invention. The process comprises four several operations, viz. 1, the washing of the piece to be preserved; 2, the *dégraissage*, or eating away of the fatty matter; 3, the tanning, and 4, the desiccation.

1. To wash the piece M. BRUNETTI passes a current of pure water through the blood vessels and the various excretory canals, and then he washes the water out by a current of alcohol.

2. For destroying the fat he follows the alcohol with ether, which he pushes, of course, through the same blood vessels and excretory ducts; this part of the operation lasts some hours. The ether penetrates the interstices of the flesh, and dissolves all the fat. The piece, at this point of the process, may be preserved any length of time desired, plunging in ether, before proceeding to the final operations.

3. For the tanning process M. BRUNETTI dissolves tannin in boiling distilled water, and then, after washing the ether out of the vessels with distilled water, he throws this solution in.

4. For the drying process Dr. BRUNETTI places the pieces in a vase with a double bottom filled with boiling water, and he fills the places of the preceding liquids with warm, dry air. By the aid of a reservoir, in which air is compressed to about two atmospheres, and which communicates by a stop-cock and a system of tubes, first to a vase containing chloride of calcium, then with another heated, then with the vessels and excretory ducts of the anatomical piece in course of preparation, he establishes a gaseous current which expels in a very little time all the fluids. The operation is now finished.

The piece remains supple, light, preserves its size, its normal relations, its solid elements, for there are no longer any fluids in it. It may be handled without fear, and will last indefinitely. The discovery is a magnificent one, and the sooner medical schools are provided with full cabinets of natural and pathological pieces the better.

Effects of Alcohol on the System.

Dr. N. S. Davis (*Chicago Medical Examiner*, Sept., 1867) having instituted a series of sphygmographic observations of the effects of alcohol on the circulation, thus sums up the results:

First. Its presence in the blood directly interferes with the normal play of vital affinities and cell action in such a manner as to diminish the rapidity of nutrition and disintegration, and consequently, to diminish the dependent functions of elimination, calorification, and innervation; thereby making alcohol a positive organic sedative, instead of a diffusable stimulant, as is popularly supposed, both in and out of the profession.

Second. That the alcohol itself acts in the system exclusively as a foreign substance incapable of assimilation or decomposition by the vital functions, and is ultimately excreted or eliminated without chemical change.

The important bearing of these conclusions on the therapeutic and hygienic uses of alcoholic drinks, must be obvious to all, and especially demand the careful attention of every member of our profession.

Ingrowing toe nail.

Dr. Bailey in the Leavenworth *Medical Journal*, suggests the following method of healing this annoying deformity:

"I have found that the *second* toe always presses firmly against, and rather beneath the side of the great toe, which very naturally produces the whole trouble. It has occurred to me, therefore, that if this constant *cause* could be dispensed with, and at the same time pressure applied in such a manner as to press the flesh *away* from the nail, a permanent cure could be effected without the use of the knife, which is justly dreaded by the patient. To accomplish this, I got up a bandage, by taking a piece of strong muslin, about one inch wide and *just* long enough to make *two* loops (by sewing) one large enough to slip over the great toe, and the other to slip over the third toe and bring them close together, letting the second toe rest over or above the bandage, where it furnishes precisely the required pressure to crowd the soft parts away from the nail and at the same time remove the pressure that caused the disease.

"In the few cases that I have used this simple appliance, it has been followed by complete success. It is convenient, not troublesome to apply, and can be worn without dispensing with ordinarily tight boots or shoes, which is, sometimes, quite an important thing, especially if the patient is a lady."

Foreign Bodies in the Air-Passages.

In the *Humboldt Medical Archives*, Dr. J. McDowell mentions the following new method of extracting bodies from the trachea, which he has tried in two cases with success. He remarks:

"One of the best methods of relief is to put the patient partially under the influence of chloroform, and while thus relaxed, a convulsive action of the expiratory muscles is produced by irritation of the the mucous membrane of the fauces, and Shneiderian membrane. At the same time strong pressure is applied to the chest. Frequently this operation is successful, and the foreign body unexpectedly slips by those now dozing sentinels, the vocal cords.

"The new precedure which I have to propose, is to be applied at the same time, and in connection with the inversion of the body. It consists simply in the widening of the aperture of the glottis, by manipulation. The head of the patient is to be thrown back, so that the anterior convexity of the cervical region is increased, forming a support for the cricoid cartilage. Firm pressure is then to be made by the surgeon on the projecting angle of the thyroid cartilage or *pomum Adami*.

"The results of these operations is the relaxation of the *chordæ vocales* and the widening of the space through which the body has to pass."

Reviews and Book Notices.

NOTES ON BOOKS.

Physicians who attend families of the Roman Catholic communion are occasionally called upon to perform the rite of baptism of infants, either immediately after birth or while still *in utero*. This subject is treated of, and appropriate instruments described for performing the latter act, in a work just published in Paris by Dr. E. Verrier, entitled "The Baptism of Infants in Cases of Danger, and especially Intra-uterine Baptism." Dr. G. Gaujot, who is professor of mechanical surgery in the French military hospital of Val de Grace, has appeared as an author of an "Arsenal de la Chirurgie Contemporaine." It gives a detailed description and the time and method of application of all the apparatus and instruments of value in both the diagnosis and treatment of surgical diseases. The new science of Anthropology, which is indissolubly associated with that of medicine, is constantly attracting more attention. The Societé d' Anthropologie de Paris, has, we observe, commenced the publication of the second series of its Bulletins. While the south of France is so often recommended for invalids, the essay of Mr. Williams, which has just appeared in London, "On the Climate of the South of France," should have a sale. The British Vaccination Act which was so much commented on last winter, has been printed in pamphlet form, with notes and explanations by Mr. Banke, at the reasonable figure of a shilling, sixpence. In medical journalism, the latest announcement is *Le Sud Medicale*, which is to be published in North Africa, and have contributors in Tunis, Tripoli, etc. The "Journal of Anatomy and Physiology," edited by Drs. G. M. Hum-

phrey and William Turner, Professors of Anatomy respectively in Cambridge and Edinburgh, will be continued half-yearly. The next number will be ready in November. Subscription 10*s.* 6*d.*

We are glad to announce the approaching publication, by several of the staff of the Pennsylvania Hospital, of a series of Reports similar to those of Guy's and other London Hospitals. This will be a most valable contribution to medical literature. The essay will be of a practical character, embracing a number of topics in both medicine and surgery, and the names of their writers, Dr. J. Da Costa, Dr. A. Hewson, Dr. D. H. Agnew, Dr. Morton and others, are sufficient guarantees of their solid worth. No such Hospital Reports have yet appeared in our country, and we are glad to see the initiative taken. The volume will be ready in in two or three months, and we bespeak for it a cordial reception.

The Tree of Life; or Human Degeneracy; Its Nature and Remedy, as based on the Elevating Principle of Orthopathy. In two parts. By Isaac Jennings, M. D. New York: Miller, Wood & Co., 15 Laight Street. 1867. 1 vol., 12mo., pp. 279.

Though the writer of this little work is now in his eightieth year, he is so far from finding the grasshopper a burden, that he sets out to establish a new pathy—orthopathy—which is to be to all other pathies, what orthodoxy is to all other doxies. The two parts of the book are, the one on man's spiritual, the other on his physical degeneracy. The first we turn over to the theologian, merely saying, that the impression it makes upon us is, that the writer is a true-hearted, earnest, humble, Christian man. In the second part he developes his physiology, hygiene, and therapeutics. The last mentioned is the most ultra expectantism. Going beyond Drs. Forbes and Bennett, he decries drugs of every description, including stimulants, narcotics, and animal food. Whether sick or well, these he maintains are worse than useless; they are mischievous. For himself, these thirty years past, he has never tasted flesh, spices, alcoholic beverages, tea, nor coffee, and has derived benefit from such abstinence. In physiology, he steadily defends the theory of a vital principle, a *Lebenskraft*, and in pathology, denies not less positively the entity of disease. He thinks he has discovered five varieties of nerves, and a method of living, which, if carried out, would make us all last to call Cornaro a youth. There is in his often rhapsodical and most unscientific chapters, matter to make the most sceptical ponder, and his remarks on stimulation are particularly worthy of attention. Let it be added, in explanation of his style and his views, that Dr. Jennings is one of the reformers of the last generation, one of the founders of Oberlin College, a man instigated by deep and real convictions, one who acted out his attachment to communism of property, and who merits at least a fair hearing.

Is it I? A Book for Every Man. By Prof. H. R. Storer, M. D. Boston: Lee & Shephard, 1867. 12mo., pp. 154.

This book is an appeal to men to restrain and to properly direct their sexual passions; to refrain from self-abuse and fornication when unmarried; and when married, to be temperate and affectionate in their exercise of the marital privileges. We believe the work will do good—much good. Sensuality is a vice which is stealing upon us, as a people, with rapid strides. That the volume contains urgent and stirring appeals, drawn from a wide and intelligent observation of the disastrous effects of indulged passion; that the laws of health are stated in a way that he who runs may read and understand; that withal, the so necessary delicacy and dignity are everywhere observed, none need be assured who are familiar with Dr. Storer's previous writings.

Nevertheless, we believe that he lays himself open to a just criticism in his style and title. They are both *sensational* to a degree that mars the general satisfaction one feels in the perusal. A certain exaggeration, rather as a tendency than a fact, pervades the whole. The book might, in places, have been written by Michelet, whose *L'Amour* and *La Femme* went partially over the same ground. To illustrate: the statements that syphilis "is wholly ineradicable from the system, and is transmissible in all its virulence, to children's children," (p. 54), that "man, during the earliest period of his existence, was once a woman," (p. 100,) and that neither form of specific disease can be occasioned but by sexual contact, (p. 121,) are but half-truths, well calculated, perhaps, to point a moral, but conveying neither an entirely correct impression of the general opinions of physicians on these points, nor representing widely accepted theories. This tone pervades too much of the book to let us yield it undiluted praise. Nor can the choice of such a title be explained as else than a device to make the book sell, and as such, an example that we regret to see set by a physician of Dr. Storer's eminence. Despite these facts, we recommend the book to every physician, as worth his time and money.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 28, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

LOUISVILLE, KY.

Dr. Coleman Rogers has very kindly consented to represent the interests of the Reporter in Louisville, Ky. He will procure material for its pages, as opportunity may offer, and will also receive subscription money from any who prefer to pay him rather than forward it through the mail. We have a large number of subscribers in Louisville and vicinity, and they can communicate with us at any time through Dr. Rogers.

WANTED!

The unexpectedly large demand to supply new subscribers from the commencement of the current volume, has nearly exhausted our supply of several numbers. We will pay ten cents each, or give credit on subscription for any of the following numbers: 540—543—546—547—548.

See also in the advertising columns a list of numbers wanted.

COST OF PRINTING SOCIETY RECORDS.

It is extremely desirable that medical societies of towns and counties, should preserve their records in some more secure manner than in the Secretary's book. We have recently received several communications inquiring the cost of printing in cheap pamphlet form a limited number of copies of proceedings. The following estimates, based on the prices of paper and composition, as they are now in this city, will approximate sufficiently close to allow societies to decide on the advisability of publication.

A pamphlet of thirty-two pages similar in size to the Reporter, and in type which will allow about twelve hundred words to the page, can be printed to the number of two hundred and fifty copies for about $125.00. Each additional 250 copies will cost but about $8,00, being merely the price of paper and presswork, with a small margin for stitching. If the pamphlet is bound, the cover paper and binding will add about five dollars to each 250 copies. For each additional 32 pages, there must be allowed for composition one hundred dollars, and for paper, eight dollars per token of 250 copies. No doubt in some localities these figures can safely be diminished but as they stand, they should be no obstacle to the preservation and distributon, not of long-winded addresses or speeches, or second-hand essays, but of condensed minutes and new and useful experiences.

ORGANIZATION OF THE MEDICAL PROFESSION in the DOMINION of CANADA.

We have received a circular calling a meeting of the profession of the adjacent British provinces, to meet at Quebec on the 9th of October, for the purpose of organizing a Canadian Medical Association, and in order to take concerted action on the subject of medical legislation, the granting of degrees, etc.

We trust that the proposed meeting will be largely attended, and much accomplished toward protecting the interests and extending the usefulness of the profession of Canada.

At a meeting of the medical profession of Quebec, held at Laval University in June, the following resolutions were unanimously adopted, and are to be submitted to the proposed convention in October.

"*Resolved*, 1. That in the interest of the public, and the medical profession, it is desirable to adopt such means as will insure a uniform system of granting license to practice Medicine, Surgery, and Midwifery, throughout the Dominion of Canada.

Resolved, 2. That in future, all medical degrees or diplomas, of Universities, Colleges, or Schools of Medicine, shall have merely an honorary value, and licences to practice Medicine, Surgery, or Midwifery, in the Dominion of Canada, shall be granted by a Central Board of Examiners, in each Province, before whom all holders of Degrees in Medicine, or Diplomas for Surgery or Midwifery, shall appear for examination.

Resolved, 3. That a committee of seven members be named by the Medical Society, to confer with the various Universities, Colleges, and Medical Schools in Canada, on the subject of the establishment of a Central Board of Examiners, before which all candidates for license to practice medicine in the Dominion of Canada shall be examined.

Resolved, 4. That the Quebec Medical Society recommends the calling of a Convention of Medical Delegates, from Universities, Colleges, Schools, Medical Societies, etc., in the Dominion of Canada; to meet at the city of Quebec, on the second Wednesday in October, 1867, for the purpose of adopting some concerted action, on the subject of medical legislation, in conformity with this report, and for the formation of a "Canadian Medical Association."

The whole respectfully submitted.

W. Marsden, M.D., Chairman.

R. H. Russell, M.D., Secretary.

In this connection we would mention that it is expected that the newly elected Parliament of Canada will establish new Quarantine Laws adapted to the wants of the United Provinces. Fortunately for the interests of the new dominion, the prevailing views on this subject through

this country and abroad, have not only strong and enlightened support in Canada, but they have to a large extent been influenced by the earnest and persistent teachings of Dr. WILLIAM MARSDEN of Quebec, whose communications in this and other medical journals, and addresses before the American Medical Association and other medical societies are familiar to most of our readers. We trust that the legislation of the Canadian Parliament on this subject will be such as can be profitably followed by our own and other Governments.

PUBLIC URINALS.

Our public spirited townsman, GEO. W. CHILDS, editor of the *Public Ledger*, has recently had erected in front of his new building, at Sixth and Chestnut streets, two beautiful marble drinking fountains, thus providing in that location a great want of the population, and setting an example which should be followed, not only by private citizens, but by the municipal authorities of all our large cities, until a supply of fresh drinking water is within the reach of all.

But there is another and no less important want of our city populace that should be supplied, and which has frequently, for years past, been urged in these columns. We refer to public urinals. The passer-by on our most public thoroughfares is constantly, and in the most indelicate ways possible, reminded of this necessity, as well as of the fact that urine, like other discharges from the human body, undergoes rapid decomposition on exposure to the air, emitting a most offensive and sickening odor, giving occasion to the posting up of the placard at our street corners, and in our by-ways, so familiar to the eye of both the vulgar and the refined, "Commit no nuisance here."

Spasmodic efforts have been made in this and other cities to supply this great need, but they have failed hitherto, in consequence of defective construction. The plan heretofore adopted in their construction, has been that of having a flow of water, either constant or at stated intervals, to pass through the trough or urinal. This is the best method that has yet come into general use, but to show that it has been a failure we have only to cite our public places of resort, our railway depots, ferry-houses, school-houses, hotels, work-shops, etc. In this city a urinal constructed on this plan was placed behind the State House, and was a very great accommodation to the public, but it became so offensive—its foul odors reaching even to Chestnut street—that it had to be removed. A constant flow of water then is not sufficient to prevent foul odors from urinals. But there is another, and a very serious objection to this plan. Obstructions of various kinds frequently fill up the waste-pipes, thus causing an overflow of water, which is the occasion of much damage to property, as well as discomfort to individuals.

What has been wanted to popularize these much needed conveniences, and make their use universal, is a contrivance for *deodorizing* urine, and at the same time removing it. This great desideratum seems to have been fully supplied in an invention patented by a Mr. RANKIN, of New York city. It consists of a urinal of peculiar construction, supplied with a deodorizing compound which completely destroys the odor of the urine, while it allows it to flow away into the sewer. This plan has been thoroughly tested by private citizens in New York, and by one of the principal Rail-roads in New Jersey, and we understand it has given unqualified satisfaction. Two or three of these urinals have lately been put up in this city,—one at BIRD'S Billiard Saloon in Arch street, and one at the Patent Metal Company's office, No. 108 South 4th street.

We learn that it is the intention of the patentee to visit this city shortly, with the view of bringing his deodorizing urinal into general use in our city; and we are sure that what it promises to accomplish, and does accomplish where it has been used, for the health and comfort of the community, will lead to efforts on the part of some of our capitalists, if possible, to secure the right to manufacture and dispose of it in this city and State. When it is considered that the demand for them would extend to our hotels, depots, public buildings of all kinds, school-houses, prisons, manufactories, shops, stores, offices, railway cars, steamboats, vessels, public squares, and even private dwellings, it will be readily seen that this offers a rare opportunity for investment of capital in a way that will bring in heavy returns, besides conferring a very great boon on the public. Practical men in New York, who know something of the working of these deodorizing urinals, have remarked that they would rather own stock in them than in any sewing-machine; and it is well known that the returns from such stock are fabulous.

As no flow of water is permitted through these urinals, their general adoption would tend to diminish the consumption of water, and lighten the burden of the water-tax considerably, besides avoiding the danger of overflow of water in many places where much damage to property is the consequence.

But the sanitary results of their general introduction is with the physician the chief consideration, and if they shall prove here, as elsewhere, contributors to the health and comfort of the public, their use will be encouraged in all our public places of resort, and thereby one of the most offensive nuisances we have to contend with be abated.

Notes and Comments.

T. Spencer Wells, F. R. C. S.

This gentleman, a distinguished London surgeon, especially in the line of the surgical diseases of women, has recently made a hasty visit to our country. The cordial reception he has received from the profession, will, we trust, have the effect of increasing the intercourse between the medical men of Great Britain and this country.

It is high time that the ties that bind us together were drawn closer. Our intercourse, heretofore has been too much on one side—American physicians being generally the visitors, comparatively few representatives of the British profession appearing among us.

The Reporter for this week contains full accounts of Mr. Wells' visits in this city and New York. We are glad that the opportunity has been offered to reciprocate the many kind attentions he has so often shown American physicians in London.

Sir Dominic Corrigan and the University of Giessen.

Sir Dominic Corrigan will have to bring forth the documents on which he founded his slanderous attacks on the medical schools of this country and Germany. Dr. F. Wilbrand, Dean of the Medical Faculty of the University of Giessen, addresses a note to the *British Medical Journal*. He says:

"In conformity with the laws of the Medical Faculty existing since 1846, no medical degree can be conferred on foreigners *in absentiâ*, with the only exception of such degrees as are granted *honoris causâ*. These are given gratis.

"Whoever applies here for a diploma of M. D. must submit to a personal examination before our Medical Faculty; and in that examination the same scientific demands are made as of candidates of this country; and it must be previously shown, by authentic documents, that he has received a complete classical education; and that he has, during at least three years, pursued his studies of medicine at an university or a college of acknowledged high rank. *Consequently, in absentiâ, and without a previous examination, no diploma can be granted.* Nor has the Medical Faculty any agents, either in England or elsewhere.

"If there be any diplomas existing under our name *in absentiâ* since 1846, we declare them to be forgeries. And, if any person maintains to be an agent commissioned by the said Faculty, and receives money for pretended services, and delivers diplomas, we declare him to be an impostor making a fraudulent use of our name."

Prevention of Premature Burial.

The European correspondent of the *Scientific American* gives the following description of the room in which in some cities the dead are kept awhile to avoid too early burial:

"In Munich, as at Frankfort-on-the Main, they still practice the singular custom of keeping the remains of all deceased persons, or that are supposed to be dead, for a certain number of days to prevent premature burial.

"In a building at the entrance to the cemetery, the bodies are placed upon iron cots in a recumbent or half-sitting posture, and upon the wrists are fastened rings which connect with wires, and alarm bells hung in the adjoining rooms of the watchmen. Each cot is numbered to correspond with the numbers fastened under the bell, so that in case there should be the slightest motion of the body, in an instant alarm would summon the watch to the spot. In an adjoining room there is a bed carefully prepared, a bath tub, electric apparatus, and restorative medicines to be employed in cases of resurrection.

"At the time of my visit I counted the bodies of eight infants and eight adults, all serenely reposing in a profusion of flowers, and watchmen were sitting in solemn silence awaiting the click of the bell. In Frankfort not a single case of resurrection has yet occurred, but at Munich they had a case many years ago, so they say. Visitors view this ghastly spectacle from the outside, through windows which are common to all who have a taste for such sights."

Every Saturday.—The number of this excellent weekly re-print for this week contains two articles of interest to medical men, one on the late Professor Faraday, and one on the empiric miracle worker, the Zouave Jacob who has for some time been astonishing Paris with his extraordinary performances. Cannot the medical profession of Paris knock the bottom out of that tub as Professor Austin Flint and others did several years ago, in regard to the Rochester spirit-rappers?

—— The Princess of Wales, who is taking the waters and baths regularly, is improving daily in health. She is able to spend many hours in the open air, and drives out twice a day, usually with her children.

Correspondence.

DOMESTIC.

Letter from New York.

Reception and Address of T. Spencer Wells.

New York, Sept. 20th, 1867.

Editors Medical and Surgical Reporter:

One of the most interesting and pleasing events which has recently broken the dull monotony of medical affairs in this city, is the very cordial reception which was tendered to the distinguished ovariotomist whose name heads this article, and whose fame is as widely spread as a knowledge of the operation itself. To speak of ovariotomy, and omit to mention the name of Mr. Wells, would be very much like playing Hamlet, with the part of Hamlet left out. Besides the qualities of intrepidity, caution, and original investigation, which are common to all pioneers in new and difficult surgical paths, the Doctor possesses an inexhaustible fund of amiability and good nature, which has rendered his name quite as celebrated in the social as in the medical world. Moreover, the Doctor thoroughly appreciates and heartily recognizes the genius and talent of the American profession, and especially admires the progressive element as the distinguishing feature of our medical institutions. Those who have had the pleasure of meeting Mr. Wells in his own city, have invariably brought back with them pleasant recollections of his professional courtesy and generous treatment. It was but meet and proper that his welcome here should be of such a nature as to remind him that the profession in America had not forgotten his many kindnesses. We are proud to say, for the honor of New York, that he was received right royally. As many of the profession as could be conveniently crowded into the Mott Memorial Rooms in Madison Avenue, were gathered together on last Wednesday evening. The supper was, of course, the main feature of the evening. I shall not attempt to describe it—adjectives would be weak and quite out of place. Suffice it to say, that a New York alderman could not have found fault with it. Mr. Wells was the great centre of attraction, and bore his blushing honors with appropriate modesty and meekness. To innumerable requests he gave the ready answer, "Yes," and finally engaged to deliver an address to the profession, in the lecture-room of the Bellevue Hospital Medical College, on the Friday following, at 11, A. M. This being duly announced, drew a very large audience to the appointed place this morning. At a few minutes after 11 o'clock, the distinguished lecturer appeared, accompanied by the faculty of the college. He was introduced by President Taylor, and after being heartily applauded, delivered a very interesting lecture upon the subject of

Ovariotomy.

The lecture, in its way, was a model one. For clearness of style and conciseness in regard to subject matter, we have rarely heard it equalled. It is much to be regretted that the speaker was compelled to condense his experience upon this subject in one short address of less than an hour. But seeing that this had to be done, we do not know how it could have been better done in the short time allotted.

After a few introductory remarks, in which the speaker expressed his surprise and gratitude for the very cordial welcome he had received in this city, he congratulated the students present upon the very superior advantages they possessed for medical instruction. He believed they were fully equal, perhaps superior, to the schools of the continent in many respects. "We do not have any such lecture-rooms," said he, "in England as this. With the exception of the great hall in Munich, where Liebig delivers his lectures on chemistry, there is nothing superior to this hall, as a medical lecture-room in Europe." In England, the speaker said that we were only just beginning to find out how things were done in America. It had been suggested to him, when he asked the gentlemen who so kindly welcomed him here, upon what subject he should address the profession, that he might repeat some of the random observations that he had made on ovariotomy that evening. The Doctor was surprised to find that the same prejudice against the operation, as one being attended with great mortality, existed in this country as well as his own. He found, on conversing with Drs. Peaslee and Atlee, that they had to encounter about the same opposition as he did. With regard to mortality, he would say, that according to his own experience, it was about 28 or 29 per cent. He had operated on 228 cases. In the first hundred, the per cent. of deaths was 34; in the second hundred, 28 died; and in the third hundred, about 24 per cent. This mortality is by no means unusual in ordinary surgical operations. If the cases could be selected, the mortality would be far smaller; but very frequently patients insist upon the operation when there is only a very slight hope for a successful result. In cases where the prospects of success were slight, and

yet the patient wished for an operation, he had been in the habit of allowing the patient to decide. These "forlorn hopes," of course, swell the mortality, but under certain given, common sense principles, the operation is a comparatively safe one. In regard to the mode of operating, he would at first say, that there was something in preparing the patient for the operation. She should, if possible, be sent to the country, where plenty of fresh air and good food could be had. If kept in the city, everything around her should be as clean and comfortable as possible. Two days before the operation, the bowels should be well cleared out, and again on the morning of the operation, by an injection. A rubber sheet, fastened around the patient by adhesive plaster, with an oval opening in front, through which the necessary incisions can be made, will conduce much to the comfort of the patient by preventing the fluids of the cyst and abdominal cavity from wetting the clothes. Some operators advise a half-sitting position. There is no advantage arising from this position, and there is some advantage in the recumbent position. It is, therefore, to be preferred. With regard to the incisions, they have been made of various lengths. The earlier operators usually made them very long, so that the whole abdomen might be rapidly exposed. Later operators have used smaller incisions, generally just large enough to allow of the cyst being emptied of its contents, and then drawn out.

It is difficult in the present state of ovariotomy to make conclusions as to the difference in mortality resulting from these two methods of procedure. In my own practice, I have found that an incision of five or six inches is usually long enough. If we are obliged to exceed this *limit*, and go beyond the navel, the mortality seems to be increased. As a rule, the incision should be in the linea alba. Other incisions in an oblique and transverse direction have been recommended and have their advocates, but we have come to the conclusion that the incision in the linea alba is the best method for the removal of either, or both ovaries. In getting at the cyst, we usually have to go through a little subperitoneal fat, after which the cyst can generally be found without difficulty. If loose and free, it will not even be necessary to introduce the hand; but if there are adhesions to the abdominal walls, they will have to be gently separated by the hand. Abdominal adhesions do not add very materially to the risks of the operation. The adhesions to the pelvis are of considerable more importance, especially where they are connected with the rectum or bladder. In emptying the cyst, the common trocar and canula of a somewhat large size may be used, but finding considerable trouble in using this, I have devised the instrument which I now show to you. In using the ordinary trocar, some fluid is very apt to escape into the peritoneal cavity, but with this instrument, the cyst can be rapidly emptied, and afterwards drawn out without any such accident. It consists of a hollow tube about three-eighths of an inch in diameter, very much in the form of a pen at the cutting extremity. This hollow cutting tube slides into a guard, to which for the sake of convenience, a pair of sharp hooks, one on either side, is attached, with which the cyst can be seized and drawn out after being emptied. To the end of this is attached a long elastic tube by which the fluid may be led into any convenient receptacle.

The annexed figure may serve to give the reader some idea of this very ingenious arrangement.

At A is the hollow cutting tube, sliding into the guard B. At C is a small handle which is attached to the cutting tube A. This handle playing up and down in the slot D of the guard, allows the cutting extremity to be withdrawn into the guard after the purchase has been made in the cyst; when the cyst is nearly emptied, the thumbs applied at F. F. raise the hooked extremities G. G., until a portion of it is included, on being let down the sack is tightly grasped, and can be drawn out.

Supposing now the sack to be removed, the

question occurs what shall be done with the pedicle? There are two leading methods of treating the pedicle. One may be called the extra peritoneal, and the other the intra peritoneal. In the one the pedicle is brought out external to the wound and there retained; in the other, it is returned into the peritoneal cavity. Of these two methods, experience is decidedly in favor of the first. By whatever mode it is carried out, the results, on the whole, seem to be much better.

But there are certain cases in which the latter method is to be preferred. I think there is no doubt that when the pedicle is long enough, it is far better to carry it outside of the peritoneal cavity, and the best method to secure it there is the clamp. It is easily adjusted, and after the parts have been cut off above it, I usually apply a little perchloride or persulphate of iron, which acts both as a styptic and deodorizer. Suppose, however, you decide in a case where the pedicle is short, that it would be better to return it into the cavity. In these cases the ligature must be used. The ligature has been applied in a number of ways, and there are no very reliable statistics to tell us which way is the best, but we have come to the conclusion, that in cases where we may expect a certain amount of sthenic inflammation, that it is better to cut the ligature off short, and return the pedicle. In cases of weak constitution, it is better to bring the ligature out of the wound, so that a certain amount of drainage may be established. Better than either of these is the combination of the clamp and cauterization. The pedicle is first secured in the clamp, tightly compressed, and after being cut off, seared with the actual cautery. It is then cautiously opened, and if any vessels yet bleed, they can be secured with the ligature.

After cleansing the peritoneal cavity, we come to the closing of the external wound, which may be done by various methods. The only question of importance just here is, shall the peritoneum be included in the sutures, or not? By numerous experiments upon animals, the speaker felt satisfied that but one answer could be given to this question—the peritoneum should always be included in the sutures. The after-treatment of these cases is usually extremely simple.

In giving opium, a dose sufficient to allay the pain is generally enough. It is not often that large doses of opium are necessary; I have seen cases where no opium at all was given, and the patients did very well, making a good recovery. In giving opium, it is better to give it by the rectum, reserving the mouth for food and drink. The after progress of these cases is most encouraging. In cases where only one ovary is removed, the other will be found quite sufficient for generative purposes; sometimes the disease attacks the remaining ovary, and this has been urged as an objection to the beneficial results of the operation. The same objection might be urged with equal force in those rare cases where after an eye or testicle has been removed, disease attacks the remaining organ.

The doctor, after concluding his remarks upon ovarian surgery, expressed the hope that the young gentlemen now present would avail themselves of the great advantages they possessed for instruction, and prove of even more benefit in their day and generation than their instructors have been in theirs.

Professor Wood then announced that Professor Stone of New Orleans would address the profession of New York on Monday next, at 10 A. M. in this hall.

M.

Some Ethical Inquiries.

Editors of Medical and Surgical Reporter:

I am in a quandary and apply to you for information. Believing the Medical and Surgical Reporter one of the exponents of the present views of the profession, I respectfully propound these questions:

May an honorable member of the profession *honorably* prescribe, and use in his practice such articles as "*McMunn's Elixir of Opium*," the "*Elixir of Bark and Iron*," the *Elixir of the Protoxide of Iron, with Rhubarb and Columbo*," etc., etc.?

If you say *no*, why, then is it, that we find the names of such persons as the resident physicians of the Bellevue Hospital, and the New York Hospital appended to testimonals in their favor? If you say *yes*, to the first query, what then is the position of those persons who manufacture these articles; as, for example, "Dr. McMunn" who claims to have made a valuable discovery in the preparation of opium, but refuses to communicate it to the medical world?

Should the profession patronize and enrich such men, by recommending and using their preparations? They pretend to give us the constituents while they withhold the process of manufacture. The American Medical Association said something in relation to this as reported in the Reporter of May the 25th, but it was indefinite and unsatisfactory. Hoping that the editors, or a correspondent of the Reporter, will be generous enough to enlighten me.

I remain, etc.

M. W. Clendinen, M. D.

Rockwood, Illinois.

[The writer of the following communication is a widely known, respected, and distinguished member of our profession in New York, not a resident of New Lebanon, though writing from there. He has no object whatever except a desire to serve his profession, in the statements he makes respecting a laboratory, in which he has no interest except such as is common to every intelligent, scientific physician.—Eds. Med. and Sur. Reporter.]

Meeting of the Medical Society of the Berkshire District, Mass., and the Columbia County, N. Y. Medical Society at New Lebanon, N. Y.

This beautiful watering place was yesterday honored with the presence of about one hundred medical men; some from abroad, but most of them members of the medical societies of the Berkshire District, Mass., and Columbia Co., New York. Most of the members came in their own private conveyances, many also by rail to Canaan, and thence by stage six miles to Lebanon. Another year, the new railroad, now under contract, connecting the Harlem and Vermont roads through to Montreal, will be completed; when this splendid country, not inferior to the finest parts of Switzerland, in the beauty of its scenery, will become easily accessible, and the finest watering place in the country better known.

The joint societies met at the Columbia Hall, at eleven o'clock, A.M., when nearly one hundred members were found to be in attendance. Henry H. Childs, M. D., of Pittsfield, the Nestor of medical science of this whole region, was called to preside, and Prof. Paddock, of the Berkshire Medical College, acted as Secretary. Several interesting communications were made, and cases detailed, which led to animated discussions. Among others, Dr. Hachenback, a German practitioner from Hudson, communicated a case, similar to that of Dr. E. Krackowizer of N. Y., (*The Medical Record*, N. Y., Sept. 1st, 1867, p. 297), where the uterus was extirpated by mistake for ovarian tumor. This gave rise to some severe strictures on the part of Prof. A. B. Palmer of the Berkshire school, and others in regard to the frequency of operations for ovarian tumors, and the rashness with which such hazardous operations were often attempted; expressing the opinion, that many fatal cases of this kind were probably never made public. There appeared to be a general concurrence of those present, in the justice of these strictures, though ample credit was given to Drs. K. and H., for their candor in communicating their unfortunate cases to the profession.

This was succeeded by a long and animated discussion on the comparative merits of chloroform and sulphuric ether, as anæsthetic agents; Prof. Palmer advocating the superior claims of the latter, especially in point of safety, stating that, as yet, there had never been a case of death reported, as resulting from its use. This statement was denied by others, who affirmed that many deaths had resulted from its use—that the deaths from chloroform had been in most if not all cases, caused by careless administration,—that the previous use of some alcoholic stimulant, was an effectual safeguard against any danger from its employment, and that the use of properly constructed inhalers, like that of Dr. Snow of London, was in all cases the safest, as it secured not only a due proportion of atmospheric air, but also regulates the *dose*, with perfect percision and accuracy; a matter of the utmost importance where so potent an agent as chloroform is given, and which is entirely overlooked in the present mode of administering it. The *medical uses* of chloroform were also discussed, especially its great importance as an *antiperiodic;* in which it was claimed by some of the speakers that it possessed a specific power superior to that of any known agent. The discussions continued till the hour of three o'clock, P.M., when the members adjourned to the large dining-room of Columbia Hall, by invitation of the Messrs Tilden, to dine with them at that hour. The following card of invitation had been previously sent to all the members of the two societies, including also many gentlemen from abroad, not belonging to the profession.

"COMPLIMENTARY DINNER
TO THE
Berkshire District Medical Society,
AND
Columbia County Medical Society,
BY
Messrs. Tilden,
AT
Columbia Hall,
Lebanon Springs, Sept. 11, 1867."

Prof. H. H. Childs presided at the table. A more elegant and sumptuous repast, furnished with all the substantials and delicacies of the season, (without regard to expense, as the phrase is,) and enlivened by exhilarating music, has rarely been gotten up, either in city or country, as you can judge yourself, from the enclosed ample bill of fare. Wines of the choicest brands were furnished in profusion; but, judging from the temperate manner in which they were used, and the entire abstinence of many of the members, we should think it would be difficult to find, among an equal number of men of similar standing, the same degree of temperance as we observed on this occasion.

After the cloth was removed, a regular series of toasts were given; the first, complimentary to

the Messrs. TILDEN, their princely hosts, for their pioneering the way in the United States, in the establishment of the first manufactory of pure and genuine medicinal preparations, and their perseverance, in spite of many obstacles, in overcoming all difficulties, till, at last, their efforts have been crowned with complete and triumphant success. To this toast, HENRY A. TILDEN, though laboring under a severe indisposition, eloquently, but modestly, responded, and left it to others, who possessed the information, to give a more detailed history of their establishment. Several other eloquent speeches were made, particularly by the Rev. Dr. TODD, of Pittsfield; Hon. Mr. WHITE, Superintendent of Public Instruction for the State of Massachusetts; Dr. H. N. SABIN, of Williamstown; Drs. CHILDS, COLLINS, and PALMER; Hon. Mr. PLUNKET, of Pittsfield, and others.

After dinner, the company were conducted through their extensive drug manufactory, by Mr. H. A. TILDEN, who pointed out all the processes employed in every department. It is no more than justice to these gentlemen to say, that the utmost order and neatness pervaded every part of their extensive works, and that such is the system and the safeguards employed, that it is next to impossible that any mistake should occur, either in labelling the different preparations, or in any other manner. The members of the societies present expressed the highest gratification at the opportunity of inspecting the various processes employed in the preparation of the medicines which they had so successfully used for many years past.

The readers of the REPORTER, in conclusion, need hardly be told that the Messrs. TILDEN were the first manufacturers in our country who introduced the *vacuum pan* and *steam of a low temperature* (110°—120° F.) in the preparation of solid and fluid extracts. Previously to that, (1849,) these medicines had been prepared in open vessels, exposed to the atmosphere, by which the active principles were altered or entirely dissipated. Such were the Shaker's extracts.

By using the utmost care in selecting the crude materials, both domestic and foreign, and by the most approved and scientific processes, under the skilful superintendence of M. DUSSAUCE, of the "Polytechnic Institute," of Paris, the TILDENS' preparations have gained the first rank among medicines of a similar kind, and command the entire confidence of the profession, both in the United States and in foreign countries, where the demand for them is constantly on the increase, especially in Great Britain. But their establishment not only turns out the most reliable medicinal preparations, but it furnishes a much larger amount of them, we believe, than any similar manufactory in the world. An examination of their books, which we were politely allowed to make, at our leisure, shows that they annually use about one million of pounds, or five hundred tons of crude material in the manufacture of their medicines, much of which, as of rhubarb, ipecac., jalap, colocynth, scammony, etc., is imported; but a still larger amount is of indigenous origin. The TILDENS, as you know, have appropriated nearly one hundred acres of land to the cultivation of indigenous medicinal plants, and by their careful experiments in the use of different fertilizers, they have discovered what is best suited to develope the largest amount of the active principles of each vegetable, and what other circumstances of soil, climate, etc., are best suited to their perfect growth.

But besides the numerous preparations of our indigenous materia medica, (and we may state, that we find in their catalogue one hundred and twenty-nine different solid and fluid extracts, of which ninety-four are from vegetables indigenous to our country,) they manufacture a large quantity of sugar-coated pills and other preparations of the U. S. Pharmacopœia. Of these, we noticed twenty different varieties, and one hundred and fifty-two others, made after select formulæ of the most approved works, as GRIFFITH and THOMAS, BEASELEY, etc. Every new medicine or preparation of any value, is at once made and sent out from their establishment; and among these may be mentioned, as worthy of special commendation, the "Ferrated Wine of Wild Cherry," "Fluid Opium Deodorized," "Pyrophosphate of Iron," "Hypophosphite Ammonia," "Citrate Iron and Strychnia," "Tannate Bismuth," "Elixir Valerianate Ammonia," "Elixir Calisaya and Iron," etc.

The *chemicals* prepared by the TILDENS, as you can testify, will compare favorably with the best English and French preparations of the same kind, and are put up with equal neatness and elegance. The same remark will apply to their preparations, especially their solid and fluid extracts, which now may be said to command the market, according to the testimony of the medical gentlemen who met in session here to-day. In no instance have the preparations of the Messrs. TILDEN failed in producing the desired or expected effect; a degree of proof which ought to satisfy every reasonable mind.

It may be stated also, that, in addition to supplying the medical profession of the United States with reliable medicines, they publish an excellent monthly journal of materia medica, devoted to discussions of the various articles used in medicine, general intelligence, new formulæ, etc., at the low rate of one dollar per year. Of this publication, more than twenty thousand are regularly sent out, the printing, engraving, etc., being all done in the establishment. They also have published a "Book of Formulæ," containing over five hundred formulæ for the immediate preparation of tinctures, infusions, wines, mixtures, pills, etc., from their solid and fluid extracts, (price 50 cents.) They also send free to all physicians, on application, a "Supplement to Journal of Materia Medica," (160 pages, 8vo.,) embodying a comprehensive digest of the therapeutics of their several medicinal preparations, together with their contra-indications, incompatibles, and antidotes. These are all printed in the establishment, and are issued in elegant style.

These items of medical intelligence are communicated merely as matters of interest to the profession, for, as you well know, the writer has no other interest in the establishment, except as a member of the medical profession who sincerely desires its welfare and prosperity. From what has been observed and learned here to-day, it is most evident, that the Messrs. Tilden deserve and enjoy the respect, the confidence, and the gratitude of medical men, and that they may long continue to do so, is the sincere wish of a

Medical Observer.

New Lebanon, N. Y., Sept. 11th, 1867.

News and Miscellany.

Miraculous Cures.

We give the following newspaper story of the Zouave Jacob for what it is worth.

Paris has a new sensation of a most extraordinary character. One Jacob, a soldier in a Zouave regiment, is working miracles of healing, merely by the power of his eye. Numerous witnesses testify to the efficacy of this marvellous ocular influence, among whom the Count de Chateau-Veillard, who is quite enthusiastic in his testimony about it. The Count, who was paralyzed, narrates in a published letter how he was conveyed from his carriage up a long, dark, dirty court, by his valet and an artisan, into the presence of the wonder-working Jacob, whom he found surrounded by lame, blind, halt, and maimed, all waiting to be healed. When taken into the apartment, he lay in a perfectly helpless state, but Jacob, looking at him, told him to rise and walk, and to his astonishment and delight, he found himself able to do so, and returned to his carriage with elastic step. The neighborhood of Jacob's residence presents quite a scene, the street being crowded with people, who from pavement, and windows, and house-tops, loudly cheer the cured as they leave the Zouave's domicile. It is declared that Jacob has completely cured Marshal Forey of paralysis of the left side. According to the French law, Jacob, not having taken his degree as a physician or surgeon, is not allowed to receive even the smallest remuneration for whatever cure he may effect.

Mr. Spencer Wells in New York.

Mr. Spencer Wells of England, who was always noted for his attention to Americans when abroad, was received on the evening of the 18th, at the Mott Memorial Library Rooms, by Drs. B. F. Barker and A. B. Mott, in behalf of the medical faculty of New York. At 10 o'clock, the company sat down to a sumptuous supper, and after the inevitable toasts and speeches, and happy repartee, at midnight the party dispersed. Among the company were Professor Stone of New Orleans, Dr. Bayard of the British provinces, Dr. Fitch of Portland, Maine; Dr. Bozeman of Mobile, Alabama; and Dr. Nicolayson, who was sent here by the King of Norway to investigate medical subjects in this country. In all, the guests numbered 125.

Homœopathic Life Insurance.

Dr. Millard, of Aurora, Illinois, who has taken the trouble to look up the prospectuses of the homœopathic life insurance companies, makes the following remarks on one of them, (*Medical Examiner:*)

If the Albany company makes up its dividends honestly, in its two sections, we confidently predict that the patrons of regular medicine will receive greater profits, by at least fifteen per cent., than the patrons of homœopathy. Instead, therefore, of being hurt by this new opposition, we expect to be greatly benefited by it. Haman may swing again upon his own gallows.

Poisoning by Chlorine Vapor.

Professor Maisch says that a direct antidote to the poisonous effects of the inhalation of chlorine is sulphuretted hydrogen, the halogen combining instantly with the hydrogen, liberating sulphur. The professor has tried it himself after accidentally inhaling chlorine, and obtained immediate relief. The same remedy would doubtless be effectual in cases of bromine poisoning.

—— In English factories during the half year ending with the close of April last, there were 2390 accidents. Forty-four of these cases resulted fatally, and more than six hundred persons had fractured limbs, or else had to have them amputated.

Dr. Henry R. Mills, of Detroit, has received the appointment of Post Surgeon at Fort Mackinaw, Michigan.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

McCREA—MILLER.—Sept. 24th, by the Rev. Geo. J. Brensinger, at the residence of the bride's father, Ab'm McCrea, M. D., and Miss E. S. Miller, all of Berwick, Pa.

NEELY—MURPHY.—On the 4th inst., by the Rev. Robert Gamble, Dr. S. F. Neely, of Russellville, Chester co., Pa., and Miss M. Annie Murphy, daughter of Colonel George Murphy, of York co., Pa.

REED—MEAD.—In New York, Sept. 11th, by Rev. W. W. Newell, D. D., Ebenezer Reed, M. D., and Miss Almira Mead, of New York.

TREADWELL—BROWN.—At Concord, N. H., on Tuesday, Sept. 17, at the residence of the bride's father, by the Rev. Prof. Henry E. Parker, of Dartmouth College, Dr. Passmore Treadwell, of New York city, and Miss Hattie H. Brown, daughter of John F. Brown, Esq., of Concord.

DIED.

ADAMS.—At Galveston, Texas, of yellow fever, Sept. 9th, Samuel Adams, M. D., Ass't Surgeon U. S. A.

GORDON.—At Rawley Springs, Va., Sept. 7th, Newton, infant son of Dr. J. N. Gordon, of Harrisonburg, Va., aged three months.

LIVINGSTON.—Of typhoid fever, in Centreville, Butler co., Pa., Aug. 24th, Mrs. E. F. Livingston, beloved wife of Dr. J. B. Livingston, and daughter of Rev. T. G. and Jane McCreary, aged 32 years.

MOTT.—In Newport, R. I., 6th inst., of dysentery, at the residence of his father in Whitefield Court, Marion Percy, eldest son of Dr. Valentine Mott and Anna Mercer Francis, of New York, aged one year, eight months, and three days.

TAGGART.—In Jersey City, N. J., on the 15th inst., the result of a second amputation of the leg, Dr. Charles Taggart.

OBITUARY.

Dr. Charles Taggart.

At a special meeting of the Hudson County Medical Society, held at the office of Dr. Varick, in Jersey City, on the 16th inst., the following resolutions were adopted:

Whereas, It has pleased Almighty God to remove from our midst our worthy brother, Dr. CHARLES TAGGART, who for many years was associated with us as a member of our society; therefore be it

Resolved, That this mournful event has deprived us of one whose honorable and generous character had won our esteem, and that, while we mourn his loss, we bow in humble submission to the will of God.

Resolved, That a copy of these resolutions be published in the *Medical Record* of New York, the *Medical and Surgical Reporter* of Philadelphia, and the papers of Jersey City.

T. R. VARICK,
E. W. BUCK,
M. A. MILLER,

METEOROLOGY.

September,	9,	10,	11,	12,	13,	14,	15.
Wind	N.	S. E.	N. W.	N.	S. W.	N.	N. E.
Weather	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	61°	61°	50°	52°	56°	63°	51°
At 8, A. M.	65	69	58	60	66	67	55
At 12, M.	66	70	65	72	75	69	67
At 3, P. M.	67	70	67	72	76	70	66
Mean	64.75	67.50	60.	64.	68.25	67.25	59.50
Barometer.							
At 12, M.	30.2	30.3	30.2	30.2	30.1	30.3	30.3

Germantown, Pa. B. J. LEEDOM.

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One Five	"	"	4 50
One Eleven	" Carboy,	"	8 00

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553—

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N. B. I will send a new Dental Sett, in neat Morocco Case containing four pair of Forceps, Turnkey, Gum Lancet, and Elevator, to any point in New England, by express, prepaid, on receipt of $6.00. To points more distant, within the United States, post-paid, by mail, on receipt of $6.50.

Also, post-paid, a pair of new Shell-Handled Lancets in neat morocco case, on receipt of $1.00—not half cost of either. *Descriptive Circular* sent free by mail.

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